



Wisconsin Department of Public Instruction
**ANNUAL REPORT OF HOMELESS STUDENTS
SERVED UNDER MCKINNEY-VENTO GRANT**
PI-Q02-20 (Rev. 10-03)

Collection of this information is a requirement of Public Law 107-110.

INSTRUCTIONS: Complete two copies. Retain one copy in district. Return **original** by _____, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
EDUCATION FOR THE HOMELESS CHILDREN AND YOUTH PROGRAM (EHCY)
ATTN: MARY MARONEK
P.O. BOX 7841
MADISON, WI 53707-7841**

The Wisconsin Knowledge and Concepts Examination (WKCE) is administered at grades 4, 8, and 10 in the areas of Reading/Language Arts, Mathematics, Science, Social Studies, and Student Writing. The results of the WKCE are measured by proficiency categories: Advanced (A); Proficient (P); Basic (B); and Minimal (M) performance. Identify by local code each student served in your Education for Homeless Children and Youth (EHCY) project, the proficiency score in each subject and demographic information. Make additional copies of this form as needed.

GENERAL INFORMATION

School District

EHCY Contact Person

Title

Telephone Area/No.

E-Mail Address

Number of Homeless Students Served by Your Program

Number of Served Homeless Students Who Took the WKCE exam

ASSESSMENT DATA

Student Code	Grade Check One			WKCE Scores A=Advanced, P=Proficient, B=Basic, or M=Minimal					Gender	Race/ Ethnicity	Disability	LEP	Demographics*			
	4	8	10	Reading	Math	Science	Social Studies	Writing					Type of Service Check all that apply. Refer to Codes below.			
													<input type="checkbox"/> AC	<input type="checkbox"/> DV	<input type="checkbox"/> RE	<input type="checkbox"/> TR
													<input type="checkbox"/> BC	<input type="checkbox"/> EA	<input type="checkbox"/> RS	<input type="checkbox"/> TU
													<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> SD	
													<input type="checkbox"/> CL	<input type="checkbox"/> EX	<input type="checkbox"/> SS	
													<input type="checkbox"/> CO	<input type="checkbox"/> PE	<input type="checkbox"/> T	
													<input type="checkbox"/> Other Specify _____			

*Demographics

Gender: Indicate F for Female / M for Male.

Race/Ethnicity Codes: A=Asian/Pacific Islander; B=Black, H=Hispanic; I=American Indian/Alaska Native; W=White

Disability Codes: Indicate "Yes" or "No".

LEP=Limited English Proficiency Indicate "Yes" or "No".

Type of Service Codes: Report only those activities that are funded by McKinney-Vento.

AC-Assistance with participation in school programs

DV- Addressing domestic violence needs

RE-Referrals for medical, dental, & other health

TR-Obtaining, transferring school records

BC-Before-, after-school, mentoring, summer programs

EA-Emergency assistance for school attendance

RS-Referrals to other programs & services

TU-Tutoring or other instructional support

C- Counseling

EC-Early childhood programs

SD-Staff professional development

Other-Specify any other Type of Service

CL-Clothing to meet school requirements

EX-Expedited evaluations

SS-School Supplies

provided to this student.

CO-Coordination between schools and agencies

PE-Parent education for resources for children

T-Transportation